



Arlington Historic District Commissions Application for Certificate

(Read attached instructions
before completing form)

For Commission Use Only:

Date Rec: _____

Hearing Date: _____

Certificate #: _____

Monitor: _____

Certificate Requested:

Appropriateness – for work described herein

Minor project Major Project Demolition

Non-Applicability – for the following reason(s):

Not subject to public view

Maintenance, repair, or replacement using same design and materials

Proposed change specifically excluded from review under Bylaw

Other: _____

Hardship – financial or otherwise and does not conflict substantially with the intent and purposes of the Bylaw

General Information:

Property Address 244 Pleasant St. Arlington

District _____

Owner(s) Meredith Segal

Email Meredith.Segal@gmail.com

Owner's Phone (h) 215-769-5229 (w) _____

(fax) _____

Owner's Address 244 Pleasant St. Arlington

Applicant (if not Owner) _____

Applicant's Phone (h) _____ (w) _____

(fax) _____

Applicant's Address _____

Applicant's Relationship to Owner Contractor

Contractor Alpine Environmental Inc

Phone 978-250-2740

Architect _____

Phone _____

Dates of Anticipated Work: Start ASAP

Completion TBD

Description of Proposed Work: (attach additional pages as necessary) Please include a description of how the proposed work (if a change or addition) is historically and architecturally compatible with the building and the District as a whole.

Replace 8 windows on the 2nd floor, 2 windows on 3rd floor, and 4 windows in the basement with Anderson 400 windows.

Replace existing exterior rail system with same pattern non Pb painted wood. Rail system is sunburst style pattern with flare

Required Documentation Acknowledgement: (see attached instructions)

I acknowledge that I am required to provide supporting documentation, including the attached "Supporting Documents Checklist", by the deadlines indicated in the instructions. I understand that if such documents are not provided in a timely manner, this application will be considered to be incomplete and Commission action may be delayed.

I have read the attached instructions and, to the best of my knowledge, the information contained in this application is accurate and complete. I also give permission for members of the AHDC to access the property for the purpose of reviewing this application and work done under any certificate issued to me.

*

Owners Signature(s): Meredith Segal

Date: 6/29/20

ARLINGTON HISTORIC DISTRICT APPLICATION

Supporting Documentation Checklist

Property Address 244 Pleasant St Arlington District _____
 Applicant's Name Jason C. Roy - ALPINE ENV Email jroy@alpine-environmental.com
 Applicant's Phone (Day) 978-349-4339 (Mobile) 508-328-5744

☐ **For Minor Projects or Certificate of Non-Applicability**

☐ **Drawings (11x17 max., with graphic scale, dimensioned, all materials identified) or marked up Photographs (8x10)**

Existing conditions of historic façade(s) to be modified; Show location of proposed work; Show proposed feature(s); Elevations showing proposed work and context; Drawing showing location of proposed work; Drawing showing the proposed feature(s); Site plan for site located equipment and features

☐ **Manufacturer's literature and specifications sheets describing the proposed feature(s)**

☐ **Description of how the proposed work is either compatible with the District or Non-Applicable**

☐ **For Major Projects**

☐ **Photographs (8x10)**

Existing conditions of historic structure to be modified (facades, roofs, neighboring buildings); Site; Neighborhood context; Historic precedents for proposed work

☐ **Drawings (11x17 max., with graphic scale, must show differentiated existing and proposed conditions, dimensions, and all materials identified)**

o Plans

Site (showing proposed structures, fences, walls, parking, HVAC equipment, electrical equipment, and relationship to adjacent roads, neighboring buildings); Each floor; Roof (showing valleys, hips, ridges, dormers, skylights, chimneys, vents, HVAC equipment, solar panels)

o Elevations of building facades- identify:

Foundation; Siding; Trim; Gutters; Downspouts; Shutters; Railings; Stairs; Windows; Doors; Roof materials; Roof pitch; Chimneys and vents; Masonry; Light fixtures; Solar panels; HVAC equipment; Electrical equipment; Fences; Signage

o Wall sections (especially showing projecting features such as bays, balconies, porches, additions)

o Relevant exterior detail drawings (architectural trim, eaves, doors, windows, caps, columns, vents, rail systems)

o Profile drawings (window and door elements, railings, balusters, stairs, shutters, roof trim, corner boards, casings, water tables, skirts, frieze boards, and all other trim)

o For projections, additions and new construction also include:

Neighborhood lot plan- include footprint to lot area ratio as well as that of neighboring lots; Plot plan- existing building(s), setbacks, proposed new structures; Site section (show relationship to site topography, adjacent structures, major landscape features, roads)

☐ **Manufacturers' literature and specification sheets describing the proposed components**

☐ **Suggested Supporting Submittals: Model; Physical Samples**

☐ **Description of how the proposed work is compatible with the District.**

☐ **For Demolition**

☐ **Statement of current state of existing structure and reason for demolition**

☐ **Statement of the historic significance of the structure**

☐ **Site Documentation (including Plot plan; Photographs of existing conditions; List existing materials; Year built; Original architect)**

☐ **Other provided documentation not described above (please list on a separate attached sheet).**

Applicants Signature(s): Jason C. Roy Date: 6/22/2020

Certificate Application (Revised January 2016) HOME OWNER AUTHORIZED Meredith Segal 6/22/20



Contract for Lead Abatement Services

Agreement created between Alpine Environmental, Inc., of Chelmsford, MA, a Massachusetts corporation, (referenced as "Alpine"), a business licensed by the Commonwealth of Massachusetts to engage in deleading operations as a Contractor, and Meredith Segal of 244 Pleasant St., Arlington, MA (referenced as "Owner"), collectively the "Parties."

The Parties agree that Alpine will perform the Contracted Work (described below) for the Total Contract Price (stated below) subject to the following terms and conditions:

I. INSPECTION REPORT

This Contracted Work is based on the Lead Paint Inspection Report dated May 9, 2020 rendered by Michael Sullivan (referenced as "Inspection Report").

II. SUBJECT PROPERTY

The Contracted Work will be performed at 244 Pleasant St., Arlington, MA (referenced as "Subject Property").

III. TOTAL PRICE

The Total Price is \$ 22,000

IV. CONTRACTED WORK

The following is a description of the work that Alpine agrees to perform for the Owner at the Subject Property (referenced as "Contracted Work"):

Area	Description	Qty
	Interior	
Hall 2	Replace a set of sashes with Anderson 400 series equal sashes. High performance Low-E4 glass, no grids, pre-finished white interior/exterior, 1 sash lock, half screen. Remove existing storm and make in tact if applicable. Insulate weight pockets.	1
Room 4	Replace a set of sashes with Anderson 400 series equal sashes. High performance Low-E4 glass, no grids, pre-finished white interior/exterior, 1 sash lock, half screen. Remove existing storm and make in tact if applicable. Insulate weight pockets.	4
Room 5	Replace a set of sashes with Anderson 400 series equal sashes. High performance Low-E4 glass, no grids, pre-finished white interior/exterior, 1 sash lock, half screen. Remove existing storm and make in tact if applicable. Insulate weight pockets.	1
Hall 4	Replace a set of sashes with Anderson 400 series equal sashes. High performance Low-E4 glass, no grids, pre-finished white interior/exterior, 1 sash lock, half screen. Remove existing storm and make in tact if applicable. Insulate weight pockets.	1

toll-free: 877-527-4040 | fax: 978-250-0565

275 Billerica Rd., Suite #2B, Chelmsford, MA 01824

Room 6	Replace a set of sashes with Anderson 400 series equal sashes. High performance Low-E4 glass, no grids, pre-finished white interior/exterior, 1 sash lock, half screen. Remove existing storm and make in tact if applicable. Insulate weight pockets.	2
Room 7	Replace a set of sashes with Anderson 400 series equal sashes. High performance Low-E4 glass, no grids, pre-finished white interior/exterior, 1 sash lock, half screen. Remove existing storm and make in tact if applicable. Insulate weight pockets.	1
Room 8	Replace a set of sashes with Anderson 400 series equal sashes. High performance Low-E4 glass, no grids, pre-finished white interior/exterior, 1 sash lock, half screen. Remove existing storm and make in tact if applicable. Insulate weight pockets.	1
Room 9	Replace a set of sashes with Anderson 400 series equal sashes. High performance Low-E4 glass, no grids, pre-finished white interior/exterior, 1 sash lock, half screen. Remove existing storm and make in tact if applicable. Insulate weight pockets.	1
Stair 1	Replace a set of sashes with Anderson 400 series equal sashes. High performance Low-E4 glass, no grids, pre-finished white interior/exterior, 1 sash lock, half screen. Remove existing storm and make in tact if applicable. Insulate weight pockets.	1
C Porch	Replace railing with fir rail with decorative cap and square balusters 4" on center.	1
Room 11	Replace a set of sashes with Anderson 400 series equal sashes. High performance Low-E4 glass, no grids, pre-finished white interior/exterior, 1 sash lock, half screen. Remove existing storm and make in tact if applicable. Insulate weight pockets.	2
Bath 3	Replace a set of sashes with Anderson 400 series equal sashes. High performance Low-E4 glass, no grids, pre-finished white interior/exterior, 1 sash lock, half screen. Remove existing storm and make in tact if applicable. Insulate weight pockets.	1
Exterior		
A2 PORCH	Replace railing with fir rail with decorative cap and square balusters 4" on center.	1
		1
B PORCH	Replace railing with fir rail with decorative cap and square balusters 4" on center.	1
		1
C PORCH	Replace railing with fir rail with decorative cap and square balusters 4" on center.	1
		1
D PORCH	Replace railing with fir rail with decorative cap and square balusters 4" on center.	1

toll-free: 877-527-4040 | fax: 978-250-0565

275 Billerica Rd., Suite #2B, Chelmsford, MA 01824

V. PROJECT SCHEDULE

Interior Lead abatement Start:	May 18, 2020
Interior Lead abatement Completion*:	June 4, 2020
Exterior Start:	June 5, 2020
Exterior Completion:	June 30, 2020
Window installation Start:	June 24, 2020
Window installation Completion:	June 30, 2020

* Interior Completion date is the day AEI interior contracted work is complete and the interior of the dwelling unit is ready for re-inspection. The Owner must coordinate the inspection time with their Lead Inspector and Alpine. Massachusetts law requires that the dwelling unit cannot be occupied until clearance is received (typically verbally) from the Lead Inspector that the lead dust wipe tests have passed. Owner must confirm with their Inspector regarding turn-around time on lab results. Wipe tests are typically analyzed within 1 business day, however, turnaround time is determined by the Owner and their inspector. Owner is responsible to pay their inspector for one full interior re-occupancy inspection and full set of lead dust wipe tests, and one exterior re-inspection. Any additional inspection costs incurred due to a failure will be deducted from Alpine's final invoice. Regulations prohibit lead abatement contractors from paying inspectors directly, therefore the Owner must pay these amounts directly to their inspector.

It is understood that minor items may remain to be completed, such as window adjustments, or installation of backordered hardware. These items would not be considered reason to delay Occupancy.

Alpine will pay a completion penalty of \$100 per day if Occupancy is delayed due to an inspection failure by Alpine or Alpine's failure to complete the Contracted Work according to the Contracted Schedule. The completion penalty will not be paid to Owner if the delay is due to:

- Changes to the project ordered by Owner that extend project schedule
- Severe weather conditions
- Extraordinary events or circumstances beyond the control of either party
- Delay is due to Owner's act or failure to act, in such a way that affects AEI's ability to complete project on time.
- Delay is caused by delays on the inspector's or laboratories' part.

It is understood and agreed by the Parties that this Time of Engagement may be amended and agreed to in writing by both Parties. The Exterior completion date is guaranteed depending upon weather. Massachusetts code restricts certain exterior deleading activities in severe weather – high wind, etc.

VI. EXISTING CONDITIONS

This contract is based upon physical conditions that were readily visible by Alpine upon its inspection of the Subject Property or that were specifically made known to and brought to the attention of Alpine by the Owner, (referenced as "Known Conditions"). If, during the course of its work, Alpine encounters an Unknown Condition(s) that will not permit Alpine to complete its work in a workman - like manner, then

Alpine will immediately bring such condition(s) to the attention of the Owner for further instructions. Corrective actions and/or change orders can be mutually agreed upon at that time.

VII. CHANGE ORDERS TO CONTRACTED WORK

If the Owner requests that Alpine perform work in addition to the Contracted Work, this additional work will be put into writing and signed by both Alpine and the Owner.

NOTE: Percentage of completion is determined by the dollar value of work completed and materials on site.

VIII. PAYMENT TERMS

Payment Terms are Due Upon Receipt

A Holdback may be held by the Owner to assure the Owner that Alpine will complete any remaining Contracted Work, such as work associated with back-ordered material. The amount of the Holdback shall be two times (200%) the value of the outstanding work. Upon total Completion of the Contracted Work, in a manner consistent with the terms of this contract and general trade practice, the amount of the Holdback will become due and payable. Owner agrees to pay all attorney fees and cost of collection in the event any sums become past due and are placed in the hands of an attorney for collection.

IX. UTILITIES

The Owner agrees to provide Alpine with at least four 15-amp circuits at the Subject Property. The Owner agrees to pay for the cost of the electrical power, water and utilities needed to complete the Contracted Work.

X. GUARANTEES

- A) Alpine guarantees the workmanship on all door, window and associated hardware installations for one (1) year.
- B) Alpine guarantees that the quality of carpentry will equal or exceed the quality of the existing carpentry.
- C) Unless otherwise noted within, this Contract does not imply that any lien or other security interest has been placed on the residence.
- D) Alpine guarantees to secure any necessary permits that may be required, on the behalf of the Owner. Please Note: Owners who secure their own permits or deal with unregistered contractors are excluded from the Guaranty Fund provisions of MGL c. 142A.
- E) The Contracted Work will be conducted in compliance with Mass. General Laws, Chapter 111, Sections 190-199 (also known as the "Mass. Lead Paint Statute") and its associated regulation, 105 CMR 460.000 and 454 CMR 22.00.
- F) The Contracted Work is guaranteed to pass a visual Final Lead (as conducted by a Certified, Mass. Lead Paint Inspector) based on the Inspection Report cited above and the Contracted Work description herein. Any lead dust wipe tests must be coordinated with Alpine Environmental, Inc.
- G) All waste will be properly disposed of off-site by Alpine.

XI. WORKMANSHIP

- A) Alpine's work will be done with the highest level of care and craftsmanship.
- B) Stripped surfaces will be finish-sanded.
- C) Unless specifically included, painting services are not within the scope of the Contracted Work. Alpine can provide painting services at additional costs if requested by the Owner. The following examples are a sampling of the areas that may be affected, and is not a complete list:
 - a. Non-lead painted woodwork, especially around windows that are being replaced, will likely need to be repainted following the deleading process.
 - b. Alpine will repair any wall damage caused by the deleading process, providing the walls were not previously damaged (water damage, stress cracks, etc.). The walls will be left ready for repainting.

toll-free: 877-527-4040 | fax: 978-250-0565

275 Billerica Rd., Suite #2B, Chelmsford, MA 01824

- c. Floors, walls and baseboards may have finishes marred by the mandatory use of duct tape by Alpine to establish proper environmental containment.

XII. PREPARATION FOR DELEADING (pick one)

It is understood that the Subject Property is vacant, meaning free of all personal belongings. All window treatments (shades, curtains, etc.) must be removed by the Owner. The re-installation of these items is the responsibility of the Owner.

XIV. ISSUANCE OF THE "DELEADING INVOICE"

Upon completion of the Contracted Work and satisfaction of each party's contractual obligations, Alpine will render to the Owner and to the Inspector conducting the Final Inspection a Deleading Invoice (this is not a Certificate of Compliance which is issued by the Lead Inspector).

XV. IDENTIFICATION OF THE PARTIES

"Owner" includes the Owner, his successors, transferees and assigns. "Alpine" includes Alpine, its agents, successors, transferees and assigns.

XVI. INSURANCE


Alpine maintains appropriate Workers Compensation and General Liability coverage. Alpine maintains one million dollars in Occurrence Based Environmental Liability coverage and a two million dollar Environmental and General Liability Umbrella Policy.

XVII. CANCELLATION

You may cancel this agreement provided you notify Alpine Environmental in writing by ordinary mail posted not later than midnight of the third business day following the signing of this agreement.

Do not sign this contract if there are any blank spaces.

NOTE: In order for this Contract's Project Schedule to be in effect, this Contract must be signed and the deposit received by Alpine within three (3) business days of the Contract Date on page 1 of this Contract. Failure to do so may result in the Start Date being moved to Alpine's first available Start Date and the project schedule being adjusted accordingly.

 6.1.20
 Mark Doyle Date
 Client Services

 6/1/20
 Owner Date

Federal ID Number: 04-3117081

Massachusetts Home Improvement Contractor Reg. No. 117689

Massachusetts Deleading Contractor License No. DC663

All Home Improvement Contractors and Subcontractors are registered with the State of Massachusetts.

Inquiries relating to a registration should be directed to:

Registration Division, Program Coordinator
 One Ashburton Place, Room 1301
 Boston, MA 02108
 Phone (617) 727-3200 ext. 25239

Deleading Contractors operating in the Commonwealth of Massachusetts are required to be licensed.

Any inquiry concerning the same should be directed to:

Division of Occupational Safety

toll-free: 877-527-4040 | fax: 978-250-0565

275 Billerica Rd., Suite #2B, Chelmsford, MA 01824

19 Staniford Street, 2nd Floor
 Boston, MA 02114
 Phone: 617-626-6975

For more information on Alpine Environmental, please visit our website at
www.alpine-environmental.com

Memberships & Organizations



Connect With Us:



toll-free: 877-527-4040 | fax: 978-250-0565

275 Billerica Rd., Suite #2B, Chelmsford, MA 01824

SECTION 5: CONSTRUCTION SERVICES

5.1 Licensed Construction Supervisor (CSL)

JASON C. ROY
 Name of CSL- Holder
9 LAUREN LANE NASHUA N.H. 03062
 Address
[Signature]
 Signature
508-328-5744
 Telephone

080495 7/28/2021
 License Number Expiration Date
 List CSL Type (see below) U

Type	Description
U	Unrestricted (up to 35,000 Cu. Ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry Only
RC	Residential Roofing Covering
WS	Residential Window and Siding
SF	Residential Solid Fuel Burning Appliance Installation
D	Residential Demolition

5.2 Registered Home Improvement Contractor (HIC)

JASON C. ROY
 HIC Company Name or HIC Registrant Name
9 LAUREN LANE NASHUA N.H. 03062
 Address
[Signature]
 Signature
508-328-5744
 Telephone

149.194
 Registration Number
12/01/2021
 Expiration Date

SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit Attached? Yes ☒ No ☐

SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, _____, as Owner of the subject property hereby authorize JASON C. ROY to act on my behalf, in all matters relative to work authorized by this building permit application.

[Signature] 6/16/20
 Signature of Owner Date

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

I, JASON C. ROY, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

JASON C. ROY
 Print Name
[Signature] 6/11/2020
 Signature of Owner or Authorized Agent Date
 (Signed under the pains and penalties of perjury)

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will **not** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.
2. When substantial work is planned, provide the information below:
 Total floors area (Sq. Ft.) _____ (including garage, finished basement/attics, decks or porch)
 Gross living area (Sq. Ft.) _____ Habitable room count _____
 Number of fireplaces _____ Number of bedrooms _____
 Number of bathrooms _____ Number of half/baths _____
 Type of heating system _____ Number of decks/ porches _____
 Type of cooling system _____ Enclosed _____ Open _____
3. "Total Project Square Footage" may be substituted for "Total Project Cost"



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR, 7th edition

Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling

FOR
MUNICIPALITY
USE
Revised January
1, 2008

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Signature: _____
Building Commissioner/ Inspector of Buildings Date

SECTION 1: SITE INFORMATION

1.1 Property Address:
244 PLEASANT ST ARLINGTON

1.2 Assessors Map & Parcel Numbers

1.1a Is this an accepted street? yes ☒ no _____

Map Number _____ Parcel Number _____

1.3 Zoning Information:

1.4 Property Dimensions:

Zoning District _____ Proposed Use _____

Lot Area (sq ft) _____ Frontage (ft) _____

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.6 Water Supply: (M.G.L c. 40, § 54)

Public ☒ Private ☐

1.7 Flood Zone Information:

Zone: _____ Outside Flood Zone? ☐
Check if yes ☐

1.8 Sewage Disposal System:

Municipal ☐ On site disposal system ☐

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

MEREDITH SEGAL
Name (Print)
Meredith Segal
Signature

244 PLEASANT ST ARLINGTON
Address for Service:
215-769-5229
Telephone

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction ☐ Existing Building ☐ Owner-Occupied ☐ Repairs(s) ☐ Alteration(s) ☐ Addition ☐
Demolition ☐ Accessory Bldg. ☐ Number of Units _____ Other ☒ Specify: WINDOWS & RAILS

Brief Description of Proposed Work²: REPLACE 16 DOUBLE HUNG WINDOWS WITH 16 ANDERSON 400 SERIES DOUBLE HUNG WINDOWS. REPLACE 3 SECTIONS OF EXTERIOR RAIL SYSTEMS WITH SIMILAR STYLE, BRING HEIGHT OF RAIL TO 36"

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ <u>22,000</u>	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____
2. Electrical	\$ _____	2. Other Fees: \$ _____
3. Plumbing	\$ _____	List: _____
4. Mechanical (HVAC)	\$ _____	Total All Fees: \$ _____
5. Mechanical (Fire Suppression)	\$ _____	Check No. _____ Check Amount: _____ Cash Amount: _____
6. Total Project Cost:	\$ <u>22,000</u>	<input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): ALPINE ENVIRONMENTAL INC

Address: 275 BILLERICA RD

City/State/Zip: HELMSFORD MA 01824 Phone #: 978-250-2740

Are you an employer? Check the appropriate box:

- | | |
|---|---|
| <p>1. <input checked="" type="checkbox"/> I am an employer with <u>30</u> employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|---|---|

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: THE TRAVELERS

Policy # or Self-ins. Lic. #: JUB9F728408 Expiration Date: _____

Job Site Address: 244 PLEASANT ST City/State/Zip: ARLINGTON MA 02476

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: 6/11/2020

Phone #: 508-728-5744

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____



Commonwealth of Massachusetts
Division of Professional Licensure
Board of Building Regulations and Standards
Construction Supervisor

CS-080495

Expires: 07/28/2021

JASON C ROY
9 LANTERN LN
NASHUA NH 03062



Commissioner

Richard W. Lynch

The Commonwealth of Massachusetts
Office of Consumer Affairs & Business Regulation
HOME IMPROVEMENT CONTRACTOR

TYPE: Individual

Registration	Expiration
149194	12/01/2021

JASON ROY

JASON ROY
9 LANTERN LANE
NASHUA, NH 03062

Edward G. Palascio
Undersecretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/01/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Irongate Insurance Counselors LLC 963 Hopmeadow Street Simsbury CT 06070	CONTACT NAME: Colleen Ververis PHONE (A/C, No, Ext): (860) 658-6500 FAX (A/C, No): (860) 658-6400 E-MAIL ADDRESS: cververis@irongateagency.com														
INSURED Alpine Environmental, Inc. 275 Billerica Road Suite 2B Chelmsford CT 01824	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: One Beacon</td> <td></td> </tr> <tr> <td>INSURER B: Atlantic Specialty</td> <td></td> </tr> <tr> <td>INSURER C: The Travelers</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: One Beacon		INSURER B: Atlantic Specialty		INSURER C: The Travelers		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: One Beacon															
INSURER B: Atlantic Specialty															
INSURER C: The Travelers															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** CL1972305412 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Poll/ Lead Paint <input checked="" type="checkbox"/> Prof Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			3900013780003	07/18/2019	07/18/2020	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			39000013780001	07/18/2019	07/18/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			7930035960000	07/18/2019	07/18/2020	EACH OCCURRENCE \$ 5000000 AGGREGATE \$ 5000000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	JUB9F728408	05/20/2020	05/20/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500000 E.L. DISEASE - EA EMPLOYEE \$ 500000 E.L. DISEASE - POLICY LIMIT \$ 500000
B	NH Auto Pollution Liability			7930035940000	07/18/2019	07/18/2020	CSL 1000000 Pollution 1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

For information only

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



Andersen Windows - Abbreviated Quote Report
Project Name: Alpine -- 244 Pleasant FINAL



Quote #: 1891

Print Date: 05/20/2020

Quote Date: 05/20/2020

iQ Version: 20.0

Dealer:

Sales Rep: Mark Jenei

Created By:

Customer: Alpine Environmental Inc

Billing

Address:

Phone:

Fax:

Contact:

Trade ID: 456853

Promotion Code:





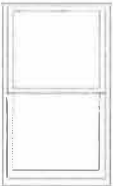
Viewed from Exterior




Item	Qty	Item Size (Operation)	Location	Unit Price	Ext. Price
0001	1	DHPWI 1' 4 3/4" x 5' 0 1/2" - 8 Deg (F)	floor 1 hall 2	\$ 729.36	\$ 729.36
Unit Size: 1' 4 3/4" W x 5' 0 1/2" H					
400 Series					
Unit, Picture Insert Units, White/Pre-finished White, High Performance Low-E4 Tempered					
Zone: Northern					
U-Factor: 0.29, SHGC: 0.32, ENERGY STAR® Certified: No					

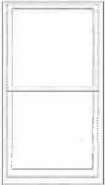



Viewed from Exterior

0002	3	TWI 2' 1 3/4" x 4' 8 1/2" - 8 Deg (AA)	floor 2 room 4	\$ 550.08	\$ 1650.24
Unit Size: 2' 1 3/4" W x 4' 8 1/2" H					
400 Series					
Unit, Tilt-Wash Insert Equal Sash Unit, White/Pre-finished White, White Liner, AA Handing, High Performance Low-E4 (Each Sash)					
Half Insect Screen, White					
Zone: Northern					
U-Factor: 0.30, SHGC: 0.32, ENERGY STAR® Certified: No					

	Item	Qty	Item Size (Operation)	Location	Unit Price	Ext. Price
 Viewed from Exterior	0003	1	TWI 2' 9 3/8" x 4' 8 1/2" - 8 Deg (AA)	floor 2 room 4	\$ 625.68	\$ 625.68
	Unit Size: 2' 9 3/8" W x 4' 8 1/2" H 400 Series Unit, Tilt-Wash Insert Equal Sash Unit, White/Pre-finished White, White Liner, AA Handing, High Performance Low-E4 (Each Sash) Half Insect Screen, White Zone: Northern U-Factor: 0.30, SHGC: 0.32, ENERGY STAR® Certified: No					
 Viewed from Exterior	0004	1	TWI 2' 9 3/8" x 4' 8 1/2" - 8 Deg (AA)	floor 2 room 5	\$ 625.68	\$ 625.68
	Unit Size: 2' 9 3/8" W x 4' 8 1/2" H 400 Series Unit, Tilt-Wash Insert Equal Sash Unit, White/Pre-finished White, White Liner, AA Handing, High Performance Low-E4 (Each Sash) Half Insect Screen, White Zone: Northern U-Factor: 0.30, SHGC: 0.32, ENERGY STAR® Certified: No					
 Viewed from Exterior	0005	1	TWI 2' 9 3/8" x 4' 8 1/2" - 8 Deg (AA)	floor 2 hall 4	\$ 625.68	\$ 625.68
	Unit Size: 2' 9 3/8" W x 4' 8 1/2" H 400 Series Unit, Tilt-Wash Insert Equal Sash Unit, White/Pre-finished White, White Liner, AA Handing, High Performance Low-E4 (Each Sash) Half Insect Screen, White Zone: Northern U-Factor: 0.30, SHGC: 0.32, ENERGY STAR® Certified: No					

	Item	Qty	Item Size (Operation)	Location	Unit Price	Ext. Price
 Viewed from Exterior	0006	1	TWI 2' 9 3/8" x 4' 8 1/2" - 8 Deg (AA)	floor 2 room 7	\$ 625.68	\$ 625.68
	Unit Size: 2' 9 3/8" W x 4' 8 1/2" H 400 Series Unit, Tilt-Wash Insert Equal Sash Unit, White/Pre-finished White, White Liner, AA Handing, High Performance Low-E4 (Each Sash) Half Insect Screen, White Zone: Northern U-Factor: 0.30, SHGC: 0.32, ENERGY STAR® Certified: No					
 Viewed from Exterior	0007	2	TWI 2' 9 3/8" x 4' 8 1/2" - 8 Deg (AA)	floor 2 room 6 ** OPTIONAL **	\$ 625.68	\$ 1251.36
	Unit Size: 2' 9 3/8" W x 4' 8 1/2" H 400 Series Unit, Tilt-Wash Insert Equal Sash Unit, White/Pre-finished White, White Liner, AA Handing, High Performance Low-E4 (Each Sash) Half Insect Screen, White Zone: Northern U-Factor: 0.30, SHGC: 0.32, ENERGY STAR® Certified: No					
 Viewed from Exterior	0011	1	TWI 2' 6 3/8" x 4' 0 1/2" - 8 Deg (AA)	floor 3 room 8	\$ 550.08	\$ 550.08
	Unit Size: 2' 6 3/8" W x 4' 0 1/2" H 400 Series Unit, Tilt-Wash Insert Equal Sash Unit, White/Pre-finished White, White Liner, AA Handing, High Performance Low-E4 (Each Sash) Half Insect Screen, White Zone: Northern U-Factor: 0.30, SHGC: 0.32, ENERGY STAR® Certified: No					

	Item	Qty	Item Size (Operation)	Location	Unit Price	Ext. Price
 Viewed from Exterior	0013	1	TWI 1' 9 3/8" x 4' 11 1/2" - 8 Deg (AA)	floor 1 stair 1 to basement	\$ 648.00	\$ 648.00
	Unit Size: 1' 9 3/8" W x 4' 11 1/2" H					
	400 Series Unit, Tilt-Wash Insert Equal Sash Unit, White/Pre-finished White, White Liner, AA Handing, High Performance Low-E4 Tempered (Each Sash) Half Insect Screen, White					
	Zone: Northern U-Factor: 0.31, SHGC: 0.31, ENERGY STAR® Certified: No					
 Viewed from Exterior	0014	2	TWI 2' 9 3/8" x 5' 0 1/2" - 8 Deg (AA)	basement room 11	\$ 625.68	\$ 1251.36
	Unit Size: 2' 9 3/8" W x 5' 0 1/2" H					
	400 Series Unit, Tilt-Wash Insert Equal Sash Unit, White/Pre-finished White, White Liner, AA Handing, High Performance Low-E4 (Each Sash) Half Insect Screen, White					
	Zone: Northern U-Factor: 0.30, SHGC: 0.32, ENERGY STAR® Certified: No					
 Viewed from Exterior	0015	1	TWI 2' 9 3/8" x 5' 0 1/2" - 8 Deg (AA)	basement bath 3	\$ 877.68	\$ 877.68
	Unit Size: 2' 9 3/8" W x 5' 0 1/2" H					
	400 Series Unit, Tilt-Wash Insert Equal Sash Unit, White/Pre-finished White, White Liner, AA Handing, High Performance Low-E4 Tempered Obscure (Each Sash) Half Insect Screen, White					
	Zone: Northern U-Factor: 0.31, SHGC: 0.31, ENERGY STAR® Certified: No					

	Item	Qty	Item Size (Operation)	Location	Unit Price	Ext. Price
 Viewed from Exterior	0016	1	TWI 2' 6 3/8" x 4' 0 1/2" - 14 Deg (AA)		\$ 550.08	\$ 550.08
	Unit Size: 2' 6 3/8" W x 4' 0 1/2" H					
	400 Series					
	Unit, Tilt-Wash Insert Equal Sash Unit, White/Pre-finished White, White Liner, AA Handing, High Performance Low-E4 (Each Sash)					
	Half Insect Screen, White					
	Zone: Northern					
	U-Factor: 0.30, SHGC: 0.32, ENERGY STAR® Certified: No					

Customer Signature _____

Total Load Factor

2.369

Subtotal

\$ 10,010.88

Tax (6.250%)

\$ 625.68

Grand Total

\$ 10,636.56

Dealer Signature _____

**** All graphics viewed from the exterior****** Rough opening dimensions are minimums and may need to be increased to allow for use of building wraps or flashings or sill panning or brackets or fasteners or other items.**

Ask to see if all of the products you purchase can be upgraded to be ENERGY STAR® certified.

**This image indicates that the product selected is certified in the US ENERGY STAR® climate zone that you have selected.**

Data is current as of November 2019. This data may change over time due to ongoing product changes or updated test results or requirements. Ratings for all sizes are specified by NFRC for testing and certification. Ratings may vary depending on the use of tempered glass or different grille options or glass for high altitudes etc.

Nexia is a registered trademark of Ingersoll Rand Inc.

Project Comments: _____

244 Pleasant St Arlington Window Schedule

A Side-

1. Original 6 over 2 wood window. Proposed to be changed to a 1 over 1 Anderson 400 wood interior, clad exterior white.
2. Original 4 over 1 wood window. Proposed to be changed to a 1 over 1 Anderson 400 wood interior, clad exterior white.
3. Original 4 over 1 wood window. Proposed to be changed to a 1 over 1 Anderson 400 wood interior, clad exterior white
4. Original 4 over 1 wood window. Proposed to be changed to a 1 over 1 Anderson 400 wood interior, clad exterior white
5. Original 6 over 6 wood window. Proposed to be changed to a 1 over 1 Anderson 400 wood interior, clad exterior white
6. Original window refurbished and re installed.
7. Original window refurbished and re installed.
8. Original window refurbished and re installed.

B Side-

9. Replacement 1 over 1 vinyl preexisting
10. Replacement 1 over 1 vinyl preexisting
11. Replacement 1 over 1 wood preexisting
12. Original 4 over 1 wood window. Proposed to be changed to a 1 over 1 Anderson 400 wood interior, clad exterior white
13. Original 1 over 1 wood window, proposed to Anderson 400 deadlight white exterior clad
14. Original window refurbished and re installed.
15. Original window refurbished and re installed.

C Side-

16. Original 1 over 1 vinyl window. Proposed to be changed to a 1 over 1 Anderson 400 wood interior, clad exterior white
17. Replacement 1 over 1 vinyl preexisting
18. Replacement 1 over 1 vinyl preexisting
19. Replacement 1 over 1 vinyl preexisting
20. Original 1 over 1 wood window. Proposed to be changed to a 1 over 1 Anderson 400 wood interior, clad exterior white
21. Original 1 over 1 wood window. Proposed to be changed to a 1 over 1 Anderson 400 wood interior, clad exterior white
22. Replacement 2 over 1 vinyl preexisting
23. Replacement 1 over 1 vinyl preexisting
24. Replacement picture window vinyl preexisting

- 25. Replacement 1 over 1 vinyl preexisting
- 26. Replacement 12 over 12 vinyl preexisting
- 27. Replacement 12 over 12 vinyl preexisting
- 28. Replacement 12 over 12 vinyl preexisting
- 29. Replacement 12 over 12 vinyl preexisting
- 30. Replacement 12 over 12 vinyl preexisting
- 31. Replacement 12 over 12 vinyl preexisting
- 32. Replacement 12 over 12 vinyl preexisting
- 33. Original 1 over 1 wood window. Proposed to be changed to a 1 over 1 Anderson 400 wood interior, clad exterior white
- 34. Replacement 1 over 1 vinyl preexisting
- 35. Replacement 1 over 1 vinyl preexisting

D Side-

- 36. Original 8 lite casement, refurbished and re installed
- 37. Original 8 lite casement, refurbished and re installed
- 38. Replacement 1 over 1 vinyl preexisting
- 39. Original 1 over 1 wood window. Proposed to be changed to a 1 over 1 Anderson 400 wood interior, clad exterior white
- 40. Original 1 over 1 wood window refurbished and re installed.
- 41. Original 1 over 1 wood window refurbished and re installed.
- 42. Original 1 over 1 wood window refurbished and re installed.
- 43. Original 1 over 1 wood window refurbished and re installed.
- 44. Replacement 1 over 1 vinyl preexisting
- 45. Original 1 over 1 wood window. Proposed to be changed to a 1 over 1 Anderson 400 wood interior, clad exterior white
- 46. Original 1 over 1 wood window. Proposed to be changed to a 1 over 1 Anderson 400 wood interior, clad exterior white

A,D,C Railings-

Alpine proposes to duplicate design of railing on A and C sides and bring to code.

Alpine proposes to change D side railing patterns to vertical balusters only and to code.

Information-

Home has 19 windows that were previously replaced with vinyl's or wood with a mismatch of grid patterns.

Exterior siding of home is wrapped in white aluminum.

A side

1

2

3

4

5

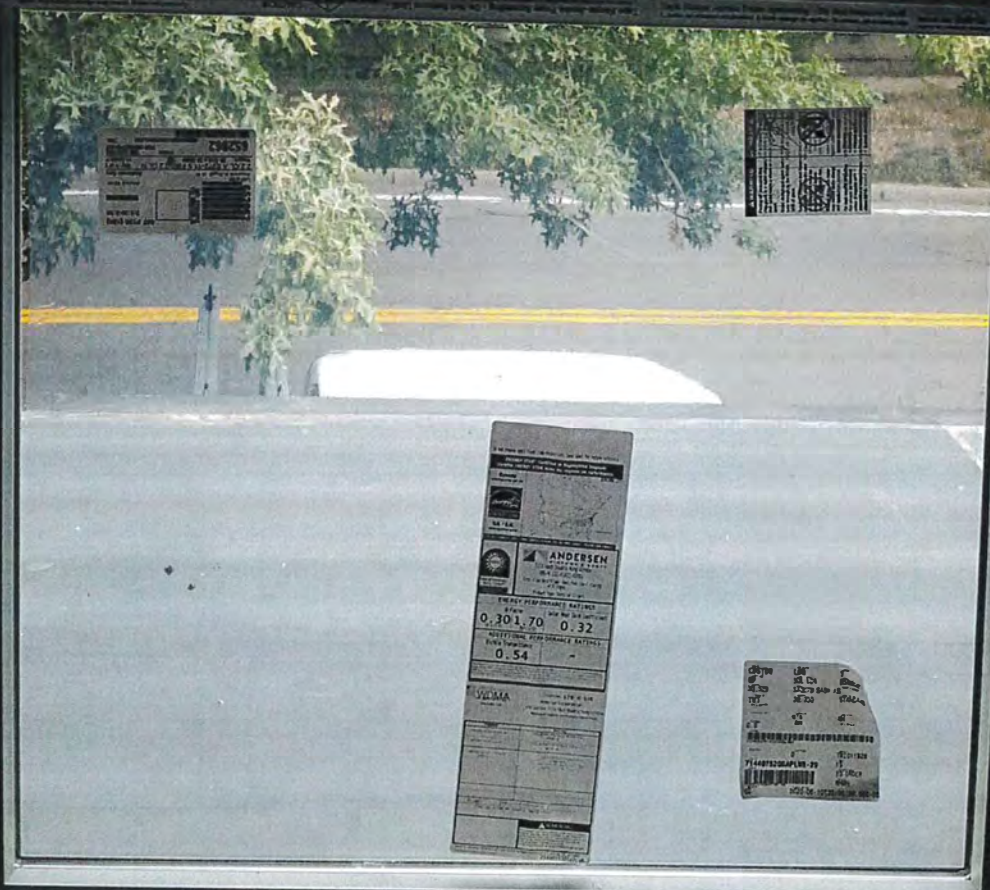
21

6

7

8





Certifié ENERGY STAR dans les régions en surbrillance

ER/RE 21

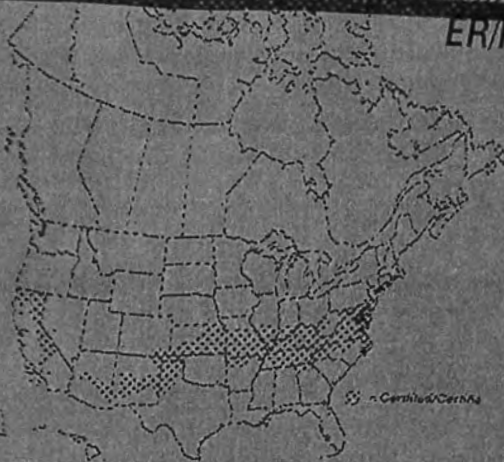
Canada
energystar.ca



ENERGY STAR

U.S. / E.U.

energy360.com



• Certificado CERN

DO NOT REMOVE UNTIL FINAL INSPECTION/NE PAS RETIRER AVANT L'INSPECTION FINALE



CERTIFIED



ANDERSEN

WINDOWS & DOORS

Tilt Wash Double Hung Window

AND-N-132-01022-00001

Vinyl-Clad Wood Frame, Dual-Pane Low-E Glazing
with Argon

Product Type: Vertical Sliders

ENERGY PERFORMANCE RATINGS

Factor

0.30 1.70

五、

6061-10-10

Solar Heat Gain Coefficient

0.32

ADDITIONAL PERFORMANCE RATINGS

Visible Transmittance

0.54

1

~~This document contains neither recommendations nor conclusions of the EPA. It is the property of the EPA and is loaned to your agency; it and its contents are not to be distributed outside your agency.~~



Licensee: 129-H-938

Andersen Corporation

400 Series Tilt Wash Double Hung Window

Contractor stipulates certification as indicated below.

[illegible]

25

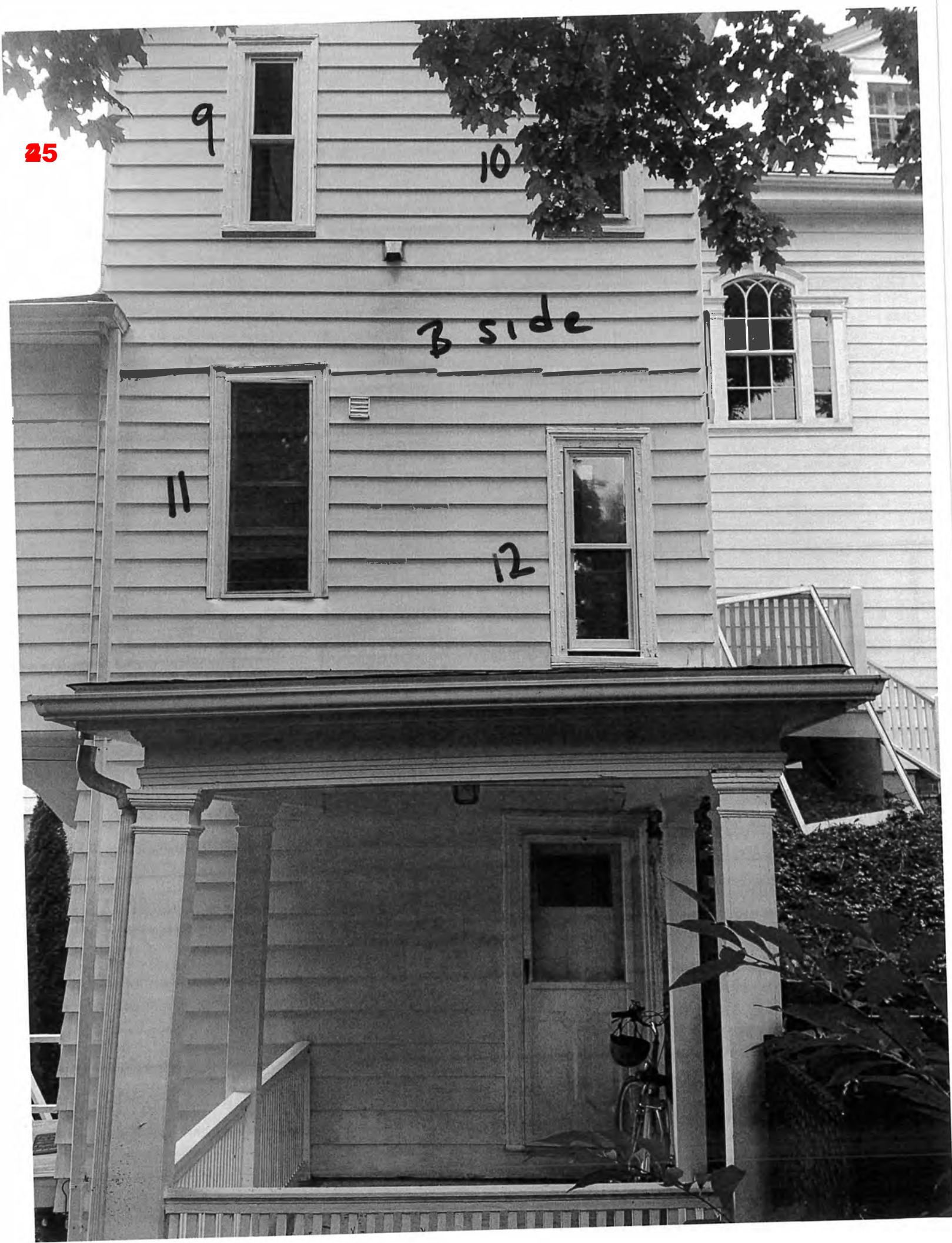
9

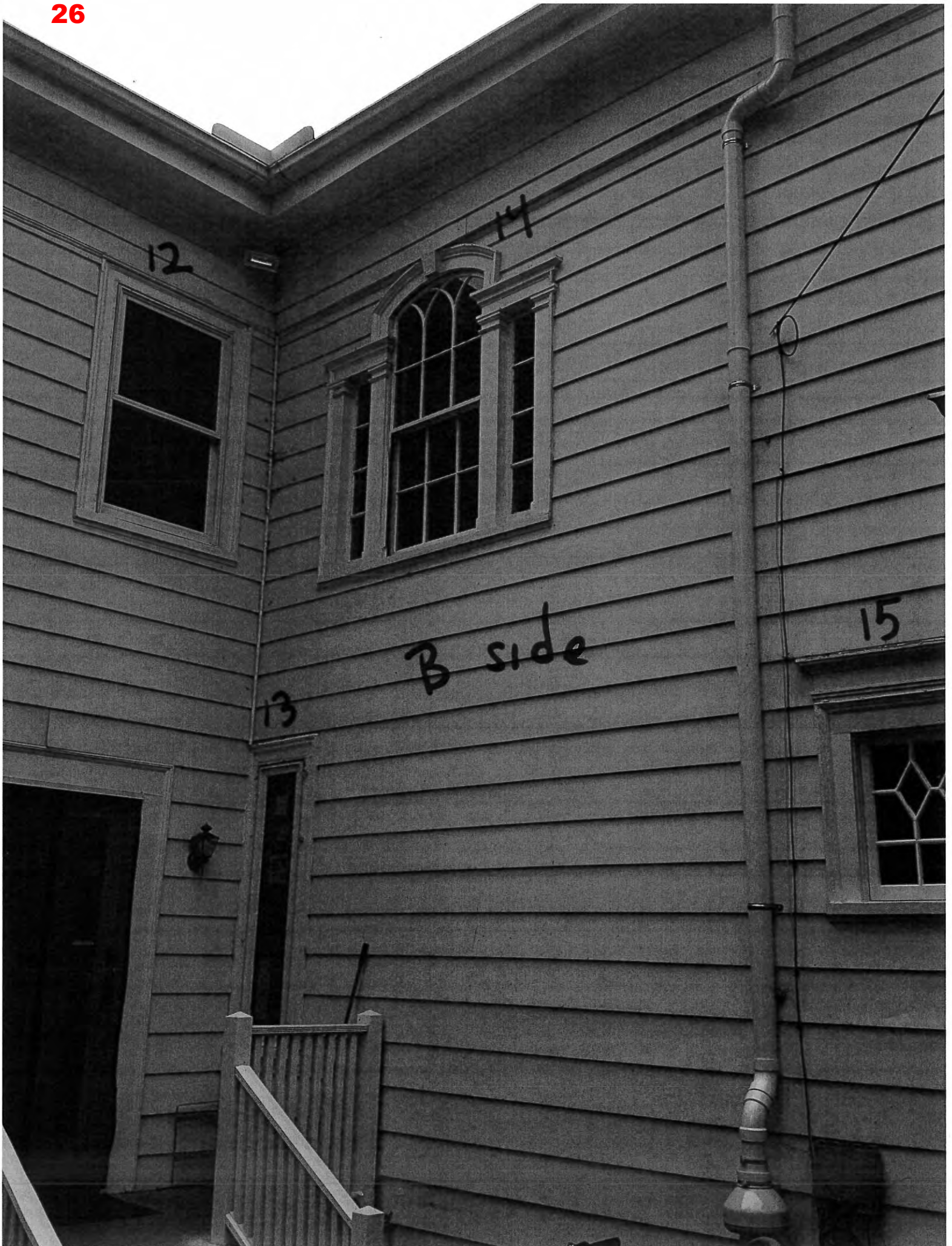
10

B side

11

12





C side



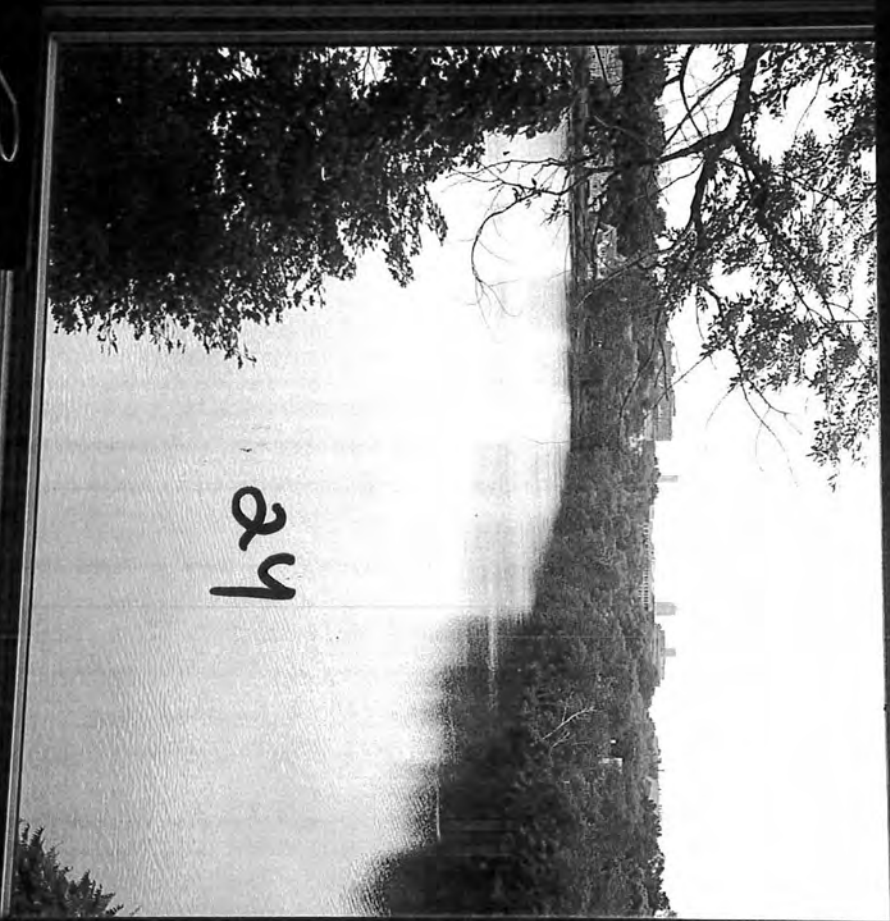
17

18

19

22









D Side

36

38

39

37

40

41

42

43

33



Similar design
brush + to code
proposed
change
to vertical
only



244 Pleasant Street Photos for Window/Porch Rail Submission for 7/23/2020

